NOTICE OF FORM CHANGE NO. 08-132		DATE
NOTICE OF FORM CHANGE NO. 00-132		12/30/2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Mana (916) 657-19	gement Unit
Listed below is information regarding a form change. C	Only applicable information is shown	
This notice updates your California Department of Soc	cial Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 836 (11/08) - Sup	oplement To The Rate Eligibility For	m
ORDER UNIT MASTER ONLY ☐ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ⊠ No
New ☐ Revised ☐ Date of Form 11/08	REPLACES	☐ Obsolete
REQUIRED FORM- No Change Permitted Substitute Permit	ted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	☐ OTHER: ☐ INTERNET: ☐ INTRANET:	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS		
□ Use until exhausted	Destroy	
□ When supply available in DSS Warehouse	□ Use new form effective	11/08
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.dss.cahwnet.gov/cdssweb/entres/forms/Eng	glish/SOC836.pdf	

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at

fmudss@dss.ca.gov.